

FEB 13 2006

PTO/SB/21 (08/03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/779,600	
	Filing Date	18 February 2004	
	First Named Inventor	Chasee Peter CHO	
	Art Unit	2834	
	Examiner Name	Cuevas, P.	
Total Number of Pages in This Submission	10	Attorney Docket No.	42691-2053.US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s), please identify below: Return Receipt Postcard
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Scott Anchell, Reg. No. 35,035, Customer No. 26633
Signature	<i>Scott Anchell</i>
Date	13 February 2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Scott Anchell
Signature	<i>Scott Anchell</i>
Date	13 February 2006

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions by reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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**COMBINED FEE TRANSMITTAL  
for FY 2005**

Effective 12/08/2004. Patent fees are subject to annual revision.

PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (i), (ii), (iii), &amp; (iv))

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$ 510.00

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Complete if Known

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Examiner Name	Cuevas, P.
Art Unit	2834
Attorney Docket No.	42691-2053.US

**METHOD OF PAYMENT (check one)**
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☒ Deposit Account

Deposit Account Number: 08-1647

Deposit Account Name: Heller Ehrman White &amp; McAuliffe LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☒ Credit any overpayments and charge any deficiencies  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the deposit account
**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Applicant on Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>SUBTOTAL (1)</b>							\$ 0.00

**2. EXTRA CLAIM FEES**

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent
200	100	Each independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent
360	180	Multiple dependent claim, if not already paid
<b>Extra Claims</b>		<b>Fee from above</b>
Total Claims	16	20** = 0 x 50.00 = 0.00
Independent Claims	2	3** = 0 x 200.00 = 0.00
**or number previously paid, if greater: For Reissues see below		
Multiple Dependent		= 0.00
<b>SUBTOTAL (2)</b>		\$ 0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)
-100 =	150 =	50	x 250 OR x 125	
<b>SUBTOTAL (3)</b>				\$ 0.00

**SUBMITTED BY**

Name (Print/Type)	Scott J. Anchell	Registration No. (Attorney/Agent)	35,035
Signature	<i>Scott J. Anchell</i>	Date	13 February 2006

Complete (if applicable)

Telephone	202-912-2000
Customer No.	26633

**SUBTOTAL (4+5+6+7+8)** \$ 510.00

\* Reduced by Basic Filing Fee Paid